

## CLAIMS ONLY

**Application Number**

Application Number: 10080655

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10			/			
11				/		
12				/		
13				/		
14				/		
15				/		
16			/			
17				/		
18				/		
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21				/		
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41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50						
Total Indep			8			
Total Depend			41			
Total Claims			49			

	Indep	Depend	Indep	Depend	Indep	Dep
51						
52						
53						
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96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						